COPY - Applicant

	Γ				
Assessed Address	Roll Number Cty. Mun		Sub-Div. Parcel	el Prim./Sub.	
Name of Assessed Person			Te	Telephone No.	
Mailing Address of Assessed Person Name of Applicant			Po	Postal Code	
Wailing Address of Applicant			Po	Postal Code	
REASON FOR APPLICATION: (CHECK APPROPRIATE BOX - ONE ONLY)		Vacant or excess land - s. 357(1)(b)			
☐ Ceased to be liable to be taxed at rate it was taxed - s. 357(1)(a) ☐ Recame exempt - s. 357(1)(c)		Sickness or extreme poverty - s. 357(1)(d.1) Mobile unit removed - s. 357(1)(e)	ty - s. 357(1)(d.1)		
Razed by fire, demolition or otherwise - s. 357(1)(d)(i)		Mobile unit removed - s. 35/(1)(e) Gross or manifest clerical error - s. 357(1)(f) or 3	error - s. 357(1)(f) o	ır 358(1)	
L Damaged by fire, demolition or otherwise - (substantially unusable) - s. 357(1)(d)(ii) ⊃FTAII S OF REASON		Repairs/renovations preventing normal use for a period of 3 months - s. 357(1)(g	nting normal use for	a period of 3 mont	ths - s. 357(1)(g
DETAILS OF REASON					
PERIOD TAX RELIEF CLAIMED: From	Date	To	:	Date	
Applicant's Signature		Date of Application	ASSESSMENT REPORT-	T – MPAC	
Assessment roll Revised since roll returned as returned Enter revisions below		_] No change in assessment	ıt ☐ Section	on 357 required for next year	for next year
RTC/RTQ Base-year CVA Base-year CVA	Current Revised Phased Assessment	Revised Base-year CVA	Revised Base-year CVA	Revised Current Phased Assessment	Change to Currer Phased Assessme
thirtied.					
	MPAC Staff Name	Name:			American constitution of the constitution of t
	Signature: Date:				
RTC/RTQ Taxable Realty Assessment Reduction	REPORT ON TAX LIABILITY	BILITY Days Months	Amount of Tax Adjust	iment	Original Tax Levy
□ NO RECOMMENDATION FOR TAX ADJUSTMENT □ Reduction Comments.	n Cancellation Refund	nd TOTAL >			
COUNCIL OR ASSESSMEN	COUNCIL OR ASSESSMENT REVIEW BOARD – DECISION MADE UPON ABOVE APPLICATION	ON MADE UPON A	BOVE APPLICA	TION	
☐ APPROVED (Tax to be adjusted (Tax to be adjusted accordingly) REASON:	OVED NOT APPROVED	☐ APPLICANT DID NOT APPEAR	NT DID NOT	APPLICATION ABANDONED	ED
Appeared for Applicant	Appea	Appeared for Municipality			
Date of Hearing	Signatu	Signature of Council Rep. or ARB Member	ARB Member		
The information on this form will be used for the purpose of processing tax applications filed under the Municipal Act, 2001, c. 25, ss. 357	ocessing tax applications filed und	er the Municipal Act,	2001, c. 25, ss. 3	and 358. Ques	tions regarding

FOR ADJUSTMENT OF TAXES FOR THE ..

TO THE COUNCIL OR ASSESSMENT REVIEW BOARD **APPLICATION**

FOR THE YEAR ...

Application Number